

ISSUE SLIP STAPLE AREA (for additional cross references)

1-9-01

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>	<i>70591</i>	<i>8/2</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>8/15/00</i>
FORMALITY REVIEW	<i>JM</i>	<i>70591</i>	<i>4-11-01</i>
RESPONSE FORMALITY REVIEW	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ..... Canceled
- ± ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Best Available Copy

Claim	Date
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Original	
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If more than 150 claims or 10 actions  
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